Tackling the causes

Promoting public mental health and investing in prevention

BMA

Summary

Doctors are concerned about the scale of mental health problems in the UK, and that demand for mental health care is increasing faster than resources to look after people with mental health needs. Yet, many of the factors that influence people's mental health lie outside of doctors' day-to-day clinical influence, such as the conditions in which people are born, grow, live, work and age.

A large body of evidence shows that people living in more challenging socioeconomic environments are more likely to have mental health problems. Unemployment or work-related stress can, for example, have a negative impact on mental health. Low educational attainment can increase the risk of mental health problems, and school can present risks for children's mental health such, as exam stress and bullying. College and university can leave young people susceptible to mental health problems. Positive family and social relationships on the other hand are associated with improved mental health, and the reverse is also true. There is also evidence about the negative impact of poor-quality, cold or overcrowded homes on mental health.

Although there is some investment in promoting public mental health, spending is far from optimal and there is a lack of clarity about responsibility for providing services aimed at improving and promoting public mental health. There is also inadequate consideration given to the impact that wider policy changes or cuts to services can have on the public's mental health. While there has been a recent focus on the role of schools in promoting the mental health of their pupils for example, this needs to be supported with adequate investment, and expanded to ensure support for mental health during college, university, employment and into later life.

Key areas for action

– To improve public mental health comprehensive action is required on the social determinants of mental health. The BMA supports a 'health in all policies' approach to policymaking – this must include specific consideration of the impact of all new policy changes on mental health.
– Much greater investment is required in local public health services aimed at promoting mental health. Funding constraints are currently undermining the ability of local areas to invest in services designed to prevent people becoming mentally unwell.
– A life-course approach to improving public mental health is required, ensuring support for people's mental health during childhood, education, employment and into later life.

Introduction

Doctors are increasingly concerned about the scale of mental ill health in the UK, with approximately one in four adults experiencing a mental health problem each year.[1] Suicide is now the largest cause of death for men aged 20-49 in England and Wales, and for all young people under 35 in the UK.[2] Mental health problems represent the single largest burden of disease in the UK (28%)[3] and are estimated to cost between £70 and £100 billion a year; a fifth of which is attributed to health and social care costs.[4] There is also an indication that demand for mental health care is increasing:

— QOF (Quality and Outcomes Framework) data shows that the prevalence of each common mental health problem (apart from panic disorder) in adults in England increased between 2007 and 2014.[5]
— NHS Digital data shows a 7% increase in children and adults accessing secondary mental health services in England between April 2016 and April 2018.[6]
— Recent BMA analysis shows an increase in the number of out-of-area placements in England between 2017 and 2018, including those lasting over a month.[7]
— In Northern Ireland, there was a 19% increase in suicides between 2014 and 2015.[8]

As highlighted in the BMA's 2017 report *Breaking down barriers*, doctors see the impact of poor mental health on their patients' well-being, physical health and lives every day (see **Box 1**). While urgent action is required to ensure adequate provision of mental health services, many of the factors that influence people's mental health lie outside of doctors' day-to-day clinical influence, and are shaped by the social, economic and physical environment in which people live. Supporting improvements in mental health therefore requires a comprehensive public health approach, that:

— helps prevent the development of future mental health problems
— reduces stigma around mental illness, and improves societal mental health and well-being
— supports recovery from mental health problems or prevents them from worsening.

This briefing will explore the social determinants of mental health and the relationship between physical and mental health, investigate what is being invested in public mental health across the UK, and make recommendations for improving public mental health.

> **Box 1 – The relationship between well-being and mental health**
> Well-being can be defined as feeling good and functioning well, in terms of an individual's experience of their life, and how they evaluate it. Some evidence, such as analysis of the Millennium Cohort Study, suggests that well-being should not be considered equivalent to mental health.[9] This is demonstrated by the fact that people living with mental health problems can achieve good levels of well-being (i.e. live a satisfying, meaningful, contributing life within the constraints of distressing symptoms[10]), and those living without mental health problems may not necessarily have good levels of well-being. However, the two are clearly related; experiencing low well-being can increase the likelihood of developing a mental health problem[11] and living with a mental health problem increases the likelihood of experiencing low well-being.[12]

The social determinants of mental health

Key message – the social determinants of health can be defined as the conditions in which people are born, grow, live, work and age[13] – environmental factors that can have a significant impact on mental health. Socioeconomic environments which are more challenging, as well as family and relationship problems, are associated with higher rates of mental health problems. By targeting these issues through a 'health in all policies' approach, many aspects of public policy can play a role in improving public mental health.

Socioeconomic status and poverty

People living in more challenging socioeconomic environments are more likely to experience mental health problems and lower well-being.[14] Those with a lower socioeconomic status (as defined by household income, poverty, parental education and occupation) are three to five times more likely to develop a mental health condition.[15,16,17,18,19] This may be due to the stress of struggling to meet financial demands, the impact of debt, poor housing conditions and neighbourhoods, fear of crime, relatively poor physical health,[20] or the stigma associated with poverty.[21]

Poor mental health can lead to deteriorations in a person's socioeconomic status, as mental health problems can negatively impact educational achievement and work productivity.[22] This cycle can be exacerbated by other factors, having a caring responsibility for example, is associated with poorer mental health, particularly for young carers .[23] The cycle can also be intergenerational – as highlighted in the BMA's briefing Health at a Price, increased levels of child poverty can have a direct negative effect on children's social, emotional, and cognitive outcomes, making them more likely to experience poverty as adults.[24] Adverse childhood experiences (such as growing up in environments of neglect, abuse or domestic violence) are more common in areas of higher social deprivation,[25] and significantly increase the risk of mental illness throughout life.[26,27]

To support public mental health, policy interventions should aim to reduce poverty and social inequality, and mitigate the social and mental impacts of them. This might include providing welfare, or support with housing, employment or debt, for example. Some of these interventions aim to tackle intergenerational disadvantage, by providing early support or parenting support, or training opportunities to socially disadvantaged young people. Commissioners of health services should also ensure that mental health services are equally accessible to those from lower socio-economic status backgrounds, without stigmatising mental health problems, as evidence shows uptake of these services is lower in more deprived areas.[28]

Employment and unemployment

Data from both the 2007 and 2014 Adult Psychiatry Morbidity Survey show that employed adults are less likely to have a common mental health problem than those who are not in work.[29] Unemployment, aside from being an underlying cause of poverty, can have a significant direct impact on mental health, and is associated with an increased risk of suicide.[30] Depression and anxiety are between four and ten times more prevalent among people who have been unemployed for more than twelve weeks.[31] However, work that is low paid, insecure or that puts health at risk can also be damaging to mental health,[32] as can workplace stress and a lack of support at work.[33] A public mental health approach should focus on reducing unemployment, and supporting the mental health of those that are in work.

Education

Evidence shows that lower educational attainment can increase the risk of mental health conditions, particularly anxiety and depression.[34] Children and young people with mental health conditions may also have lower educational outcomes, due to missing school during periods of mental ill health (including while waiting to access mental health services) or being excluded if they have significant behavioural problems.[35]

School itself can present risks for children's mental health, such as through exam stress. In 2016/17 Childline delivered over 3,000 counselling sessions related to exam stress; a 2% increase from 2015/16 and an 11% increase from 2014/15.[36] Bullying, which often takes place in school, has been associated with increased risk of depression, anxiety, psychotic disorders, self-harm and suicide.[37] Children who have low well-being or poor mental health have a higher than average risk of self-harming; a 2018 report by the Children's Society found that 15% of 14-year olds in the Millennium Cohort Study had self-harmed in 2014/15.[38]

As well as aiming to improve educational outcomes, schools have a key role to play in supporting the mental health of all their pupils, including those with existing mental health or behavioural problems, and those who self-harm. Schools can and should help to combat the stigma of mental health conditions. Schools should be supported in identifying and differentiating mental distress and mental illness, so that students can be treated accordingly. Ensuring access to appropriate treatment also requires the adequate provision of CAMHS services (Child and Adolescent Mental Health Services), which are currently struggling to meet increasing demand.

Like school, college and university can also be a challenging time for young people, leaving them susceptible to mental health problems.[39] A 2016 Higher Education Policy Institute report found that:
— the majority of students experience low well-being
— depression and loneliness affect one in every three students
— the number of student suicides has risen.[40]

Thus colleges and universities also have an important responsibility to support and promote the mental health of their students.

Social environment and relationships

Family and relationships can significantly impact mental health, especially that of children and young adults. For example, analysis of the Millennium Cohort Study found a poorer-quality parental relationship a predictor of greater behavioural problems in their children.[41] In 2015, family problems were the most significant problem for children presenting at CAMHS in England.[42] Conversely, children and young people who have supportive family and social relationships tend to report higher levels of well-being.[43]

Exposure to all types of domestic abuse is known to have long-term impacts on the mental health of victims. Adverse effects range from post-traumatic stress disorder and panic attacks, to depression, eating problems, self-harm and suicide attempts, all of which can — and often do — persist after the abuse has ceased.[44]

On the other hand, social cohesion can result both in, and from, improved mental health.[45] Longitudinal studies have found that people in neighbourhoods with higher social cohesion experience lower rates of mental health problems.[46] Although loneliness is not a clinical mental health problem in itself, evidence shows a strong link between loneliness and poor mental health.[47] Having a mental health problem can increase the likelihood of loneliness, and loneliness can have a negative impact on mental health.[48] With 2018 ONS statistics showing 5% of adults in the UK reporting feeling lonely 'often' or 'always',[49] public mental health interventions should have a strong focus on reducing loneliness and isolation, and on improving community participation and social interaction.

The time spent on social media also seems to be linked with mental health problems.[50] 2015 ONS statistics found that 27% of those on social media sites for three or more hours a day showed symptoms of mental ill health.[51] Excessive internet use has also been linked with depression,[52] poor sleep quality[53] and other social and emotional problems. Social media can also have positive impacts on mental health, for example through anti-bullying and anti-stigma campaigns, and mental health support forums.[54]

Physical environment and housing

People living in cold homes (often caused by fuel poverty),[55] are also likely to be affected by depression and anxiety.[56] As highlighted in 2017 BMA report *Health at a Price*, more than one in four adolescents living in cold homes is at risk of multiple mental health problems, compared to one in 20 living in warm housing.[57]

Insecure, poor-quality and overcrowded homes are linked to increased rates and the exacerbation of mental health problems too.[58,59] Concerns about housing can place considerable stress on families. The mental health effects of poor housing disproportionately affect vulnerable people,[60] and those experiencing homelessness have high rates of mental health problems.[61] The provision of good quality social and emergency housing and enforcement of standards in rental properties, alongside measures to reduce poverty and unemployment, must therefore be a crucial priority if public mental health is to be adequately supported.

There is also emerging evidence of a relationship between the wider environment, such as air quality, and mental health. While further research is required to understand the mechanisms of action, recent population studies have linked high levels of air pollution to increased mental health problems in children[62] and reduced cognitive performance.[63] Furthermore, access to green spaces has been shown to positively impact mental health.[64] Local policymakers should therefore consider the potential impact of people's external environment on mental health.

Reflecting the importance of social determinants in shaping mental health, a range of measures can be taken to better support mental health throughout the life course (see **Box 2**).

Box 2– Supporting mental health throughout the life course

Childhood
– Targeted parenting programmes in infancy
– Early help programmes and children's centres to support vulnerable children
– Mental health and counselling support in schools, and a more prominent role for mental health in school curricula

Adulthood
– Adequate family support services
– Mental health awareness courses to improve mental health literacy and improve resilience
– Greater workplace mental health support
– Social prescribing to improve health and social participation

Old age
– Social prescribing and community programmes to decrease isolation
– Health promotion initiatives targeted at older people

The relationship between mental and physical health

Key message – people with mental health problems in many cases also have long-term physical health conditions. Public mental health activity should address the physical health needs and lifestyle risk factors of people living with mental health problems; and support the mental health needs of those living with a long-term condition. Positive health behaviours should also be promoted.

There is a close relationship between mental and physical health, and people with severe mental health problems are at risk of dying 10-15 years earlier than the average;[65] this is up to 20 years earlier for people with psychosis.[66]

Long-term conditions
There is significant comorbidity between long-term physical health conditions and mental health problems, with 30% of people with a long-term physical condition having a mental health problem (most commonly depression or anxiety) and 46% of people with a mental health problem having a long-term physical health condition.[67] There is particularly strong evidence of a close relationship with cardiovascular disease, respiratory diseases, stroke, HIV infection, and some cancers.[68]

As highlighted in the BMA's 2014 report on achieving parity of outcomes, the mental health of people with long-term physical health conditions is often neglected,[69] and their health outcomes are poor.[70] With approximately 15 million people in England living with a long-term physical condition (30% of the population),[71] it is important to target and adequately support their mental health needs. This may prevent mental health problems from developing in the first place, or from worsening.

Lifestyle risk factors
There is a complex inter-relationship between mental health problems and various lifestyle risk factors, resulting in a significant comorbidity between them. For example, research shows that:
— In England, 41% of adults with a serious mental illness are smokers (more than twice the rate of the general population).[72] In the UK, smoking rates among adults with depression are about twice as high as among adults without.[73] In Wales in 2015, 33% of people with a mental illness were smokers, compared to 19% reported among the whole population.[74]
— In the UK, alcohol dependence among people with diagnosable mental health problems is almost twice as high as in the general population.[75] People with a severe mental illness such as schizophrenia are at least three times as likely to be alcohol-dependent as the general population.[76]
— In England, mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance misuse treatment.[77]
— In the UK, obesity and overweight have been found to be more prevalent among populations with mental health problems, such as in those detained within mental health secure units.[78] People experiencing depression for example have been found to have a 58% increased risk of becoming obese.[79] This correlation might be as a result of taking some psychiatric medicines such as antipsychotics, which increase the risk of obesity (as well as diabetes.)[80]

Lifestyle risk factors such as smoking and drinking alcohol, are sometimes a response to stress,[81] but they themselves can exacerbate mental health problems; and can also be damaging to physical health (which can further exacerbate mental health problems). Conversely, positive health behaviours such as physical exercise, getting enough sleep[82] and eating a healthy diet,[83] can promote and improve mental health. For example, being physically active at recommended levels may reduce the risk of depression by a third.[84]

Public mental health activity should therefore aim to address the physical health needs of people living with mental health problems. Public health services aimed at improving physical health, such as smoking cessation or physical exercise programmes, should be accessible to people with mental health problems. Research shows, for example, that people with mental health problems are just as likely to want to stop smoking as other people, but often do not receive the support they need.[85] Research also shows there can be significant barriers to accessing physical exercise services for people with mental health problems.[86] This can often be due to a lack of recognition of the physical health needs of people with mental health conditions, and poor integration of mental and physical health services.[87] The BMA is a signatory to the Equally Well 'Charter for Equal Health', which highlights how services should have the right support to reach out to people with long-term mental health conditions: identifying those at risk, intervening early, preventing problems whenever possible and offering extra support when it is needed.

Current investment in public mental health

Key message – although there is some investment in public mental health, it is far from optimal and it is unclear whose responsibility it is to invest in public mental health. There is also a lack of consideration about the impact of funding reductions for services that impact the wider determinants of mental health.

Public health and local services

In England, local authorities have a remit for improving public health, which should include spending on both physical and mental health as part of their public health budget. In Wales, public mental health is shared between Public Health Wales (PHW) and the local health boards (LHBs.) In Northern Ireland, public mental health is the remit of the Public Health Agency, and in Scotland, it is primarily the responsibility of the Health Boards. Assessment of spending on public mental health across the UK indicates that:

— According to local authority spending returns to the Department of Communities and Local Government, in England in 2018/19, local authorities allocated 1.6% of their total public health budget on promoting public mental health. In 2017/18, this rate was 1.2%[88] and in 2016/17, 1.4%.[89] In 2016/17 and 2017/18, one in every three local authorities (32%) that provide public health services say that they spent nothing at all on public mental health.[90]

— A 2015 NHS Wales FOI (Freedom of Information) request found that 5% of the total PHW (Public Health Wales) budget was spent on preventing mental health problems in Wales in 2014/15.[91]

— Comparable data for Scotland and Northern Ireland is not available.

This data indicates a neglect of local spending on public mental health, including in some areas with a high prevalence of mental ill-health.[92] The fact that many local authorities in England report no spending on public mental health activity at all suggests there may be some ambiguity about their role to invest in public mental health, or variation in the way in which this spending is categorised. This is supported by a 2014 FOI request by Mind, which highlighted variation in spending on public mental health, which Mind suggested indicated confusion about what local authorities in England should be doing to prevent people becoming mentally unwell.[93] It is important that local authorities have clarity over their responsibilities for supporting public mental health, to ensure they are meeting the health needs of their local population. Currently there seems to be little guidance as to what services and interventions should be provided, or how spending in this area should be categorised.

This lack of public mental health funding has taken place in the context of reduced funding for a range of public health functions, because of central government budget cuts. As highlighted in the BMA's 2018 briefing Feeling the squeeze, planned cuts to the public health grant to local authorities in England are averaging 3.9% a year until 2020/21.[94] Local authorities across the UK have significantly reduced spending on a range of public health activities, including substantial cuts to smoking cessation budgets and substance misuse services (lifestyle risk factors linked to poorer mental health). There needs to be increased funding for local authorities to adequately invest in public mental health, as well as a range of other public health services that impact mental health.

Beyond their specific public health responsibilities, local authorities commission a range of services and interventions across different settings, which as shown previously, can all have an impact on mental health. These services have also faced funding reductions; for example, the amount spent on adult social care in England has decreased every year between 2010/11 and 2016/17 (excluding transfers from the NHS).[95] Between 2010/11 and 2015/16 in England, funding for early help services, designed to identify neglect and abuse, was cut by 55%.[96]

Local funding reductions such as these can have a detrimental impact on the public's mental health, disproportionately affecting those with mental health problems or those more vulnerable to mental illness. For example, a 2014 PSSRU (Personal Social Services Research Unit) report examining the reductions in social care funding between 2005/06 and 2012/13 concluded that people with mental health problems were significantly affected by the reductions in social care provided by the public purse.[97] In case studies from a 2015 Joseph Rowntree Foundation report The cost of cuts, social workers, housing officers and advice workers also reported an increase in clients with mental health problems as a result of local funding cuts.[98]

The BMA supports a 'health in all policies' approach to policymaking. This should include specific consideration of the impact of all new policy changes on mental health. Ensuring 'mental health in all policies' approach to local and national policymaking would help increase understanding of the impact of funding decisions on wider public mental health.

Schools and workplaces

As shown, schools have a significant role to play in supporting public mental health. In December 2017, alongside a green paper for children and young people's mental health, the prime minister announced £300 million for schools in England to support the mental health of their pupils.[99] This involves offering them mental health first aid training, and trials to strengthen the links between schools and local NHS mental health staff. This is a welcome starting point, but for schools to take on a significant role in supporting their pupil's mental health, there needs to be significant investment and a shift in culture. As highlighted in a 2017 Education Committee report, school leaders and governors should also ensure that external assessment and changes to curriculum do not result in unnecessary stress for pupils.[100]

The green paper for children and young people's mental health also recommended that schools should include social media education in the PHSE (personal, social health and economic education) curriculum, to help pupils and their parents understand and manage the risks of internet use.[101] There needs to be a continued focus on the impact of social media on mental health, and the role of schools, given its increasing use among children and young people.

Across the UK, many universities have started to focus on the mental health of their students and have effective support services in place. However, not all universities are doing this and there are many students falling through the gaps.[102] Universities across the UK need to take their responsibility to promote the mental health of their students seriously, given that half of all young adults now access higher education by the time they are thirty.[103]

Creating mentally healthy workplaces is also paramount to supporting and improving mental health. As part of prime minister Theresa May's efforts to improve mental health, she commissioned the 2017 report *Thriving at work* about mental health at work. This report found that 4 in 10 organisations (39%) have policies or systems in place to support employees with common mental health problems, and 24% of managers have received some form of training on mental health at work.[104] Although this shows some progress, there needs to an increased awareness about the importance of mental health at work, which should extend across all sectors. As highlighted in the report, the public sector has the opportunity to lead the way in this area.

National initiatives

Tackling mental health stigma is a crucial part of any public mental health strategy, as it increases awareness of mental health problems and enables more people to access support.[105] Recently, there has been an uplift in funding for tackling mental health stigma and improving mental health literacy. The Government has funded the Time to Change campaign in England since its launch in 2011,[106] with a recent input of £20 million in 2016.[107] The campaign aims to change the way people think and act about mental health problems, and improve attitudes and behaviour. In 2017 the Government also announced £15 million to train one million people in mental health first aid in England.[108] In Scotland the Scottish Government has been funding the See Me campaign for over a decade, to tackle stigma and discrimination and help enable people who experience mental health problems to live fulfilled lives.[109]

Progress has been made with these campaigns; for example, survey data show a 9.6% increase in positive attitudes towards people with a mental health problem between 2008 and 2016 in England.[110] This progress is positive, but greater investment in the wider determinants of mental health remains important alongside this.

There have also been suicide prevention initiatives across the UK. In England, the third progress report of the suicide prevention strategy was recently published,[111] and £25 million was allocated to CCGs (clinical commissioning groups) in 2018/19 to support suicide prevention.[112] In summer 2018, the Scottish Government published a new Suicide Prevention Action Plan, along with a leadership group and a £3 million innovation fund to support its implementation.[113]

Key areas for action

To improve public mental health comprehensive action is required on the social determinants of mental health
— There must be greater recognition, at all levels of government, of the impact of social and environmental factors on the public's mental health.
— National and local government and NHS bodies should take a 'mental health in all policies' approach and undertake an assessment of the impact of all new policy changes on mental health.

Much greater investment is required in local public health services aimed at promoting mental health
— Greater clarity is required about the role and expectation of local authorities (in England) in providing services aimed at improving and promoting public mental health. Currently local authorities spend less than 1.6% of their total public health budget on public mental health, with some reporting no spending in this area.
— The ability of local areas to invest in public mental health services is undermined by funding constraints. To support action in this area and adequate funding is required to support public health services across the UK. This includes reversing cuts to the public health grant in England – which total over £550m in real-terms since 2015/16.
— Public health services aimed at promoting physical health should be fully funded and have the right support to reach out to people with long-term mental health conditions.

A life-course approach to improving public mental health is required, ensuring support for people's mental health during childhood, education, employment and into later life
— To enable all schools to adequately support their pupil's mental health, there needs to be significant investment in school health services, supported by adequately funded CAMHS services. There also needs to be a shift in culture that recognises the pressures within the school environment, including exam pressure, that can impact on pupils' mental health.
— Recognising that college and university can be a challenging transitional time for young people, colleges and universities must develop a greater focus on supporting the mental health and well-being of their students.
— Employers should also be aware of the importance of mental health at work, recognise the potential impact of the work environment, and focus on supporting the mental health and well-being of their employees.

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